MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/869612

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1													
2	1		1				51		1		4			
3	1						52		1		4			
4		3		3			53		1		4			
5		3		3			54		1		4			
6		1		3			55		1		4			
7		1		3			56		1					
8		1		3			57		1					
9		1		3			58		1					
10		1		3			59	1						
11		1		3			60	1						
12		1		3			61							
13	1			3			62							
14	1			3			63							
15	1			3			64							
16		1		1			65							
17		1		1			66							
18		1		3			67							
19		1		1			68							
20		1		1			69							
21		1		3			70							
22		1		3			71							
23		1		3			72							
24		1		3			73							
25		1		3			74							
26		1		3			75							
27		1		1			76							
28		1		1			77							
29		1					78							
30		1					79							
31	1		1				80							
32	1		1				81							
33	1						82							
34		3		3			83							
35	1			1			84							
36	1		1		4		85							
37	1		1		4		86							
38	1				4		87							
39	1				4		88							
40	1				4		89							
41	1				4		90							
42	1		1				91							
43	1				4		92							
44	1				4		93							
45		1			4		94							
46		1			4		95							
47		1			4		96							
48		1			4		97							
49		1			4		98							
50		1			4		99							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.			7				TOTAL DEP.							
TOTAL CLAIMS		141	157				TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)